

Brish, Peter 1970

Dr. Peter Brish Oral History 1970

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Interviewer: W. A. Krotoski

Office of NIH History

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W.A. Krotoski:

This recording was prepared by Dr. Peter Brish [spelled phonetically] former medical officer in charge at the Unit on Human Malaria at the federal penitentiary at Atlanta, Georgia. It is, in effect, a summary transcription of talks which he gave to potential volunteers at the unit. It was prepared on the 25th of June 1970. Dr. Brish introduced himself, explained that he would be the medical officer who would be taking care of the volunteers and then goes on.

Dr. Peter Brish:

We started the project over 20 years ago, around 1944, and at that time there was a lot of trouble with malaria with our guys fighting in the South Pacific and we didn't have very many good drugs for malaria. Since that time we've had over 2,000 guys on the project, and since that time we've -- we've gotten a lot of information about malaria, we've developed a number of very helpful drugs against malaria so that now, for the most part, malaria is really a curable disease. It's not like in the old days where you could just control it and where people kept getting it back over and over again. 95% of the time we can now cure malaria and the reason is because we've been able to do studies in a controlled setting with guys like yourself who is willing to volunteer and who is willing to get sick. So that in the past twenty years we've accomplished an awful lot as far as our knowledge of malaria goes.

However, there's a lot more we have to learn about malaria. As you know, right now malaria is a big problems with the guys we have fighting in Vietnam. There are new strains of malaria that are resistant to many of the old drugs and also we're concerned now with more than just developing drugs that will treat malaria when somebody gets it. For example, what would be ideal is develop some sort of a vaccine, like a small pox vaccination, that we could vaccinate people who live in areas where they tend to get malaria all their lives. We could vaccinate them when they were little kids so that they'd never get malaria and we wouldn't have to keep treating them each time they got malaria.

What I'm trying say is that over the past 20 years we've gotten a lot of information about malaria, but malaria is still a very important problem in the world, that there's still large areas of the world with hundreds of thousands of people who have malaria most of their lives from the time they're little kids until the time they die, and they often die quite young because of this, and it's only because of guys like yourself who are willing to volunteer and who are willing to get sick that we're going to be able to get more information so that we can do a lot more for these people who have malaria and possibly finally stamp out malaria all together.

So this to me is probably the only -- the only reason that makes it worthwhile to come on the project and to get as sick as you're going to get. The idea that you really are contributing something. Everybody that comes on the project is put on a study that is of importance and that does contribute something important to our knowledge about malaria so that when you're sick and when you're chilly and you've got a high fever and you're aching all over, the other things I'll talk about, the other benefits, don't really make it worthwhile. To my mind the only thing that really makes it worthwhile is the idea that you are contributing something.

There are more concrete benefits for coming on the project. After you become active on the project we'll put \$50 in your account and this takes about two months to go through give or take a couple of weeks. Also, if you complete the six months on the project satisfactorily and we don't have to take you off for one reason or another, then we'll recommend you for 30 days extra good time. Now I want to make it very clear that all we can do is recommend you for this good time. The administration has to decide whether you're going to get the whole 30 days or not. Some guys aren't able to absorb the whole 30 days either because they're not going to be in the institution long enough or they're getting good time from other sources. In any event, if this is important to you you should talk to your case worker and he'll be able to tell you just how much good time you will be able to absorb.

Also the good time is an all or none proposition. If you go five months on the project and then decide that you're fed up with the whole business and you quit, then you don't get any good time at all. If, however, you go five months and you're transferred or you get some sort of an illness that we think we should take you off then you'll get – we'll recommend you for five days good time for the five months that you've been on the project. But I want to emphasize that if you decide to come off, even though you've been on for five months, five and a half months, we can't recommend you for any good time at all. Also, if we recommend you for the good time and you get it you can still lose that good time just like you can any good time. You can be in the project for six months and be sick as a dog the whole time and get your good time and walk out and look cross-eyed at a guard and lose the good time just like that.

In addition to the \$50 and the five days a month good time, if you have trouble with detainers, if there is a district attorney, prosecuting attorney, that is considering bringing charges against you, we can write letters to that district attorney or prosecuting attorney that go through your case worker, and generally we'd like you to be on the project at least five months before we can write this type of a letter. In this letter we say that you've been on the project, you've been a good volunteer. We can't ask them to drop the charges, but we merely state that we're advising him of your progress and sometimes this helps and sometimes it doesn't. We really don't know what our batting average is. We don't get letters back from these district attorneys. I think sometimes charges do get dropped because of these letters; often times the DA gets a letter like this and just crumples it up and throws it away. So it's – you're taking a chance. So these are the benefits then of being on the project. First of all, and certainly most important, the idea that you are contributing something to mankind, to science, and secondly the \$50, the 30 days the detainer letters if you need them.

What will it involve for you coming on the malaria project? Well first off all, today, I'll do a physical examination on you and we'll get a certain amount of basic laboratory work. They'll draw your blood, they'll get a urine specimen, we'll do an EKG and a chest x-ray, and then they'll be a period of time until the proper study comes up that we can take you on. When that study comes up we'll call you down and at that time you'll sign a contract and the contract will be for six months and you will become active on the project on that day. On that day we'll expose you to malaria either by biting you with mosquitoes that are infected with malaria or by injecting blood into your vein that has been taken from somebody who has been infected by malaria.

Shortly after you've been exposed to malaria you'll start coming down every day, seven days a week, between 6:30 and a quarter to 8 in the morning to get your fingers stuck and a smear made and this is very important. This is not only for your safety, because very often we can tell when a person is going to sick by the fact that their smear becomes positive and in this way we can avoid people getting sick in their cells at night where they might have difficulty getting over to the hospital, but also this daily record of smears is important for our studies. Most of these studies we publish and we need a daily record of smears and if somebody misses several days then we can't use that study. We have to throw it out.

This is so important that we've had to make a rule that if a volunteer misses any three days during the six months without a good reason we're supposed to automatically drop them from the project, and I try to make exceptions and lean over backwards but every so often somebody is dropped from the project because he's either unable or just doesn't want to come down every morning for a smear. This means that, of course, he doesn't get any good time at all and this coming down every day for a smear gets to be old after a while. It'll mean that you won't be able to sleep late Saturdays and Sundays for the next six months.

Also, as soon as you become active on the project, as soon as you're exposed to malaria, you make all your sick call down here other than sick call for injuries. Injuries are still taken care of upstairs but all your other sick call is made down here.

After you've been exposed to malaria there'll be a period of anywhere from 1 to 3 weeks or longer where you'll feel all right and then you'll get malaria for the first time. When you get sick with symptoms that we think mean that you have malaria, or when your smear becomes positive, we'll bring you down on the ward and we'll keep you here on the ward while you're sick with malaria.

The way you'll feel when you have malaria is that first of all you'll lose your appetite. You'll get a bad headache. You'll start to ache all over. You'll ache in your arms, your legs, your back. You'll feel like a truck ran over you. You'll get shaking chills and after that your temperature will go way up. You'll probably get nauseated and sick to your stomach., you may vomit some, and you'll be sick like this for several hours a day either every day or every other day for 2 to 3 weeks the first time. During this period you'll, as I say, be on the ward and a doctor will be seeing you everyday and during this period we'll be watching your parasite count very closely to be sure that it doesn't get up to dangerous levels. When it gets up to a level that's high enough for our purposes then we'll treat you temporarily.

During this time on the ward you'll have blood drawn from your vein at frequent intervals and you may have – we may have mosquitoes brought out to bite on you. These are uninfected mosquitoes and we'll bring out several hundred of them at a time and we have them feed on your leg and in this way we can infect mosquitoes and can keep the strain of malaria going that you have. We may feed mosquitoes in this way for several days and this again is sort of an uncomfortable business.

In general the guys – when the guys are sick with malaria they're quite sick. If you've ever had the flu you know how sick you can get with a bad flu and malaria is like that but probably significantly worse. So that you can figure that you're going to be quite uncomfortable for 2 to 3 weeks at a time probably about 4 or 5 times during the six months on the project. Some guys, very rarely, don't get sick at all. Others are sick 90 – 95% of the whole six months that they're on the project.

Now, as I said, during the time you're sick they'll be doctors seeing you every day. We'll be doing smears every day, but still some types of malaria are potentially fatal. We have never had a volunteer in the 2,000 to 3,000 volunteers that we've had on the project – we've never had a volunteer die, but volunteers on other malaria projects have died and this is a possibility. In the 20 years we've been going we've had three people whose spleens have ruptured. Now when you get malaria your spleen, which is an organ that lies on the left side of your stomach here, gets big and it gets soft and it can rupture and this is a very serious complication. When this happens you bleed in your stomach and we have to operate on you and take your spleen out. This is a potentially fatal complication. None of these three guys died, but this is something that could happen in the future and again is a potentially fatal complication of malaria.

In addition to the possibility that your spleen might rupture a certain number of people on the project have developed hepatitis, about 10 or 12 over the past 20 some years. We've recently had an epidemic where three guys had hepatitis and while this is unlikely it, as I say, is a distinct possibility. Hepatitis for the most part responds to bed rest and an adequate diet, but a very small percent of persons with hepatitis can get a very severe type of hepatitis and can die with it. So I think that you should be aware of this, too.

At the end of the six months on the project if you haven't already had a final treatment or cure then we'll give you such a treatment at that time. Your chances of getting malaria back again after receiving that final treatment are about 5 to 10% depending on the type of malaria you had. If, after coming off the project, you should develop symptoms that make you think you have malaria again and you're still here in the institution then you're always welcome to come down and we'll make a smear and if it's positive we'll treat you again and after that you usually don't have anymore trouble. If you're on the outside and you develop symptoms that make you think you have malaria you can go to any VA Hospital or Public Health Service Hospital, or if neither of those is near you to any doctor and they can make a smear, and if it's positive they can call us here at the malaria project at the U.S. penitentiary in Atlanta any time, the day or night, collect and we'll be glad to advise them regarding therapy and to assure them that we'll pay for treatment and for hospitalization if you need to be hospitalized. So that you're not going to keep coming down with malaria after you're off the project and if you're one of the 5 or 10% who do relapse with malaria we'll take care of it so that you won't have to bear the financial burden of taking care of yourself.

There's a lot of rumors in the institution about long term effects of malaria. Malaria doesn't make your hair fall out. It doesn't shorten your lifespan. It doesn't affect your sex life. You can't give it to your wife and you can't pass it on to your kids. It's a disease that while you're sick with it you're very sick, you're extremely uncomfortable, but when it's over for the most part it's over and there's no significant long term side effects. Do you have any questions now about any of the things that I've talked about? No.

If you have any doubt about whether you want to come on the project I advise you at this time to go and think about it and come back and let us know in a week or so. What I'm trying to say is that I'd rather have one guy on the project who is 100% sure than 10 guys who aren't quite sure because, as I say, if you decide to come on the project you're going to get quite sick. You're going to be very uncomfortable and the 50 bucks and the 30 days and the detainer letters really, to my way of thinking, aren't worth it for as sick as you're going to be. So that if you have any doubts I really feel that you should think about it for as long as you need to and then come back and let us know.

So you've been thinking about it and you're set in your mind you still want to come on the project. Okay, so we'll – I'll do the physical examination on you today. We'll draw some blood and we'll do other lab work, and then we'll call you down and we'll get started anywhere from a week from now to several weeks from now. Thanks very much.